



## PUBLIC RECORDS REQUEST

City Clerk's Office  
280 Madison North  
Bainbridge Island, WA 98110  
(206) 842-2545 Phone (206) 780-8600 FAX  
[cityclerk@bainbridgewa.gov](mailto:cityclerk@bainbridgewa.gov)

Title/Date of Record(s) Requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Description of the record(s) requested and any additional information that will help to identify the correct record(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requestor Name (PLEASE PRINT): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I understand there may be charges for duplication of these specific records and that I will be charged a minimum of \$0.15 per page for standard photocopies or scanned documents.

I would like to:

- ☐ Inspect the records at no charge (I may request copies after inspection)  
☐ Receive copies after paying the required copying charges  
☐ Receive electronic copies (scanning charges may apply)

I certify that any lists of individuals obtained through this request for public records will not be used for commercial purposes. (RCW 42.56.070)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For information on the City's Public Records Policies, please visit the City's website: [www.ci.bainbridge-isl.wa.us](http://www.ci.bainbridge-isl.wa.us)*

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### CITY STAFF USE ONLY

Request received by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Database No. \_\_\_\_\_ Five-Day Response Date: \_\_\_\_\_

Date complete: \_\_\_\_\_ Copy Charges: \_\_\_\_\_